

Psychotropic prescribing practices in adults with intellectual disability and autism spectrum disorder

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Introduction

AIM

The purpose of this project was to evaluate psychotropic prescribing practices in adults with intellectual disability (ID) and autism spectrum disorder (ASD) across the Richmond Neurodevelopmental Service (NDS).

BACKGROUND

STOMP¹ stands for stopping over-medication of people with a learning disability, autism or both with psychotropics. STOMP was launched in 2016 by NHS England and is a national project with an aim of stopping the overuse of psychotropic medications in people with ID. It aims to improve the quality of life, by reducing the potential harm of inappropriate use of psychotropic medications as means of 'chemical restraint' in this patient group.

NICE guidance on challenging behaviour in people with ID (NG11)² advises that specialists should only consider using psychotropics to help manage behaviours that challenge if:

- psychological/behavioural interventions do not produce change in an agreed time
- treatment for any coexisting mental and physical health conditions has not led to a reduction in the behaviours
- the risk to the person or others is very severe, such as aggression directed towards self or others.

NICE also recommends that antipsychotic medications are only offered alongside psychological/behavioural interventions when used in relation to behaviours that challenge.

Method

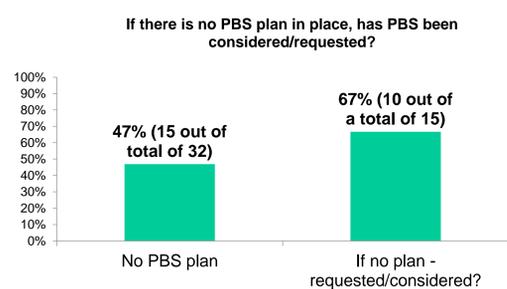
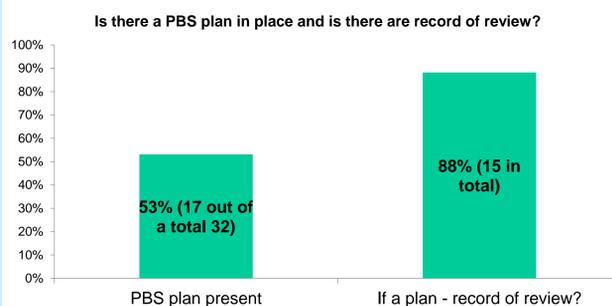
We created a proforma to collect information on all patients that met the inclusion criteria of being 18 years or over and having a diagnosis of ID and autism. We gathered demographic information including age and sex. We also collected information on level of ID, mental health diagnosis, psychotropic medication, presence of behaviours that challenge, evidence of involvement of positive behaviour support (PBS) and any associated PBS plan.

Data was collected from electronic clinical records for the period of October-November 2019. Data was gathered by a single member of the team in order to avoid inter-observer variability.

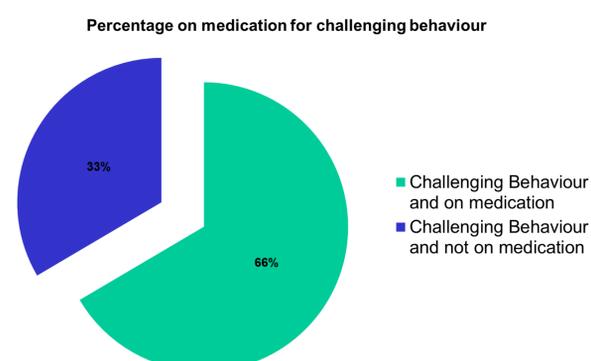
Results

There was a total of 32 patients who met our criteria with a 3:1 Male-Female ratio and an age range of 20-74 (Median 33 years old). There was evidence of behaviours that challenge in all 32 patients that met our criteria. Regarding the prevalence of different severities of ID in the cohort: mild ID represented 18.8% (n=6) of cohort, moderate ID 40.6% (n=13) and severe ID 40.6% (n=13).

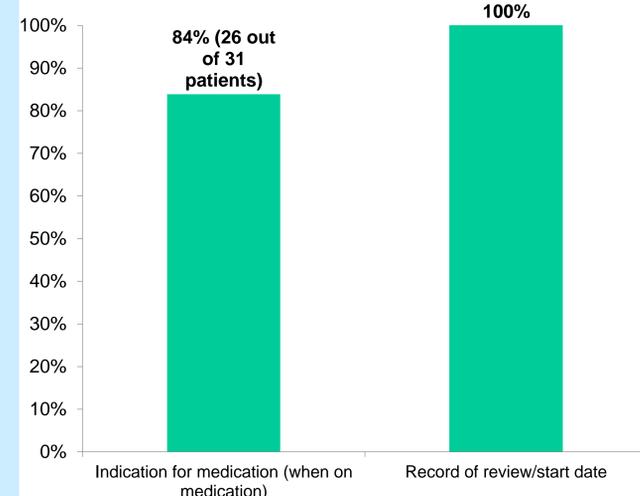
17 patients (53%) had an established plan in place from behavioural analysis with the provision of behavioural analysis plans being more common when this is provided by NDS (78.9%) vs In-house (21.4%). In those who did not have a plan in place (47%, n=15), there was evidence that a referral to behavioural analysis had been considered/requested in 67% (n=10) of the patients.



Of the 31 patients on a psychotropic medication, 84% (n=26) had an indication clearly documented and every patient on psychotropic medication had evidence of a medication review in the last year. 67.7% (n=21) of these patients were prescribed psychotropic medications for behaviours that challenge. 64.7% of those with a behavioural support plan were on psychotropic medication for behaviours that challenge and 66.7% of those without a behavioural support plan were on psychotropic medication for behaviours that challenge.



Percentage of patients on medication with a clear indication documented



The average number of prescribed medications was 2 (median 2, mean 2.41) but when additional diagnoses outside of ASD, ID and epilepsy were excluded, the average number was reduced to 1 (median 1, mean 1.76). The most commonly prescribed psychotropic medications were risperidone (9), diazepam (5) and sertraline (4) for patients with behaviours that challenge.

Conclusions

From our results, we can determine that prescribing of psychotropic medications is common and that there is clear evidence that these prescriptions are regularly reviewed in keeping with STOMP guidance. However, the data showed that there is more scope for utilising behavioural analysis input as well as the need to improve documentation of the rationale for prescribed psychotropic medications.

This data has provided a good baseline for a quality improvement project to improve the use of psychotropic prescribing in combination with the use of psychological/behavioural interventions within our service.

References

1. NHS England's STOMP initiative document available at www.england.nhs.uk/wp-content/uploads/2017/07/stomp-gp-prescribing-v17.pdf
2. NICE. [NG11] 2015 'Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges' www.nice.org.uk/guidance/ng11